

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County Buchanan  
 Township Tremont  
 City Easton

Registration District No. 20Primary Registration District No. 3-720File No. 155

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary A. Rapp

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life

mos. \_\_\_\_\_

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)Widow5A. IF MARRIED, WIDOWED, OR DIVORCED—  
HUSBAND OF —  
(OR) WIFE OFBenjamin Rapp6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1845

7. AGE

86

YEARS

MONTHS

5

DAYS

24If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.housewife9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this life  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Missouri

FATHER

13. NAME

James Campbell14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio

15. MAIDEN NAME

Margaret Campbell16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio17. INFORMANT  
(ADDRESS)Mrs Fred Switzer  
Easton, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Blakely Cem.DATE Jan. 15

19

19. UNDERTAKER  
(ADDRESS)H.A. Sullins  
Gower, Missouri

20. FILED

Jan. 14, 1932 Mrs. Lucy Powell  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 1319 3222. I HEREBY CERTIFY, That I attended deceased from  
Dec 26, 1931, to Jan 11, 1932I last saw him alive on Jan 11, 1932. Death is saidto have occurred on the date stated above, at 1:45 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis

Date of onset

59  
99 5 11

Other contributory causes of importance:

Epithelioma of faceName of operation none

Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury \_\_\_\_\_, 19 \_\_\_\_\_Where did injury occur? ✓

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of decedent? no

If so, specify \_\_\_\_\_

(Signed) R. F. Brigham, M. D.(Address) Easton, Mo

